10-30-01

Docket No: AM101214

TED STATES PATENT AND TRADEMARK OFFICE

In re of Application

Diane H. Boschelli et al.

Application No.:

10/780,973

Group Art No.:

1617

Filed:

February 18, 2004

Examiner:

1617

For:

4-[(2,4-Dichloro-5-Methoxyphenyl)Amino]-6-Alkoxy-3-

Quinolinecarbonitriles for the Treatment of Ischemic Injury

Confirmation No.:

1683

Customer Number:

25291

Mail Stop Amendment Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

AMENDMENT TRANSMITTAL LETTER

1. Transmitted herewith for filing is an amendment for this application.

PETITION FOR EXTENSION OF TIME

2. Applicant petitions for an extension of the time for the total number of months checked below:

	One Month.	Fee in the amount of	\$ 120.00
	Two Months.	Fee in the amount of	\$ 460.00
	Three Months.	Fee in the amount of	\$ 1,050.00
\square	Four Months.	Fee in the amount of	\$ 1,640.00
\boxtimes	Five Months.	Fee in the amount of	\$ 2,230.00

CERTIFICATE OF MAILING 37 CFR §1.10

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number ED870508176US addressed to the Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

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If an additional extension of time is required, please consider this a petition therefor.

	(Check and complete the next item, if applicable)						
OR		An extension for month(s) has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested.					
(b)		Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.					

Extension fee due with this request: \$2,230.00

FEE FOR CLAIMS

3. The fee for claims has been calculated as shown below:

CLAIMS AS AMENDED							
(1)	(2)	(3)	(4)			(5)	
FOR TOTAL CLAIMS	CLAIMS REMAINING AFTER AMENDMENT 9	HIGHEST NUMBER PAID FOR 65	NUMBER EXTRA x RATE 0 X \$ 50.00			ADDITIONAL FEE 0.00	
INDEPENDENT CLAIMS	3	8	0	X	\$	210.00	0.00
MULTIPLE DEPENDENCY FEE					\$	370.00	
Total Ame				men	dm	ent Fee:	\$0.00

\boxtimes	No additional fee for claims is required.	
	Total additional fee for claims required:	\$0.00.

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4. Method of Payment of Fees:

Charge Deposit Account No. 01-1425 in the amount of: \$2,230.00. **A duplicate of this transmittal is attached.**

- Instructions as to Overpayment:
 Credit any overpayment to Deposit Account No. 01-1425.
- 6. Authorization to Charge Additional Fees
 - If any additional extension and/or fee for claims is required, charge Account No. 01-1425.

Respectfully submitted,

Rebecca R. Barrett Attorney for Applicants

Reg. No. 35,152

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